



Florida Magazine Association Hall of Fame

The Florida Magazine Association's Hall of Fame was established to recognize career-long achievement and excellence within the publishing industry. In addition to being at the pinnacle of his/her career, the recipient should also have a record of "giving back" to the magazine industry as a whole, either through industry associations or other voluntary and cooperative forms of service.

The Florida Magazine Association accepts nominations throughout the year for the Hall of Fame Award. The submission deadline every year is July 31st.

In August, the nomination forms are sent to a panel of judges. The inductee is selected and notified shortly thereafter. The induction of the selected candidate occurs at the FMA Annual Conference and Exposition. Check the FMA website for specific dates regarding the Annual Conference.

All Hall of Fame candidates must be nominated by a second party in order to receive consideration.

Nominating Criteria

The individual must meet the following criteria:

- At least 15 years of publishing experience
- Must hold membership in good standing in the Association
- Currently active in the Florida publishing industry
- Has made significant contributions to the industry through creativity and/or professional achievement
- Has contributed towards the training and education of other in the field and/or community involvement

Please submit a few paragraphs about how this person meets the above criteria. Please be as detailed as possible and include the nominee's activities, accomplishments, and contributions. Also, attach the nominee's bio or resume and other supporting documents, such as letters of recommendation, articles, and other recognition they have received.

If you have any questions regarding the nomination or selection process please contact the Florida Magazine Association at (866) 885-1156.

Nominee: _____

Title: _____

Organization: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Work Phone: _____

Fax Number: _____

Home Phone: _____

Dates of Professional Experience: From: _____ To: _____

Nominating Party Information

Name: _____

Title: _____

Organization: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Work Phone: _____

Fax Number: _____

Home Phone: _____

If this nominee is selected, please contact

Name: _____ Title: _____

Organization: _____ Email: _____

Work Phone: _____ Fax Number: _____